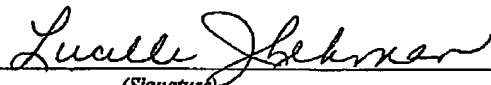

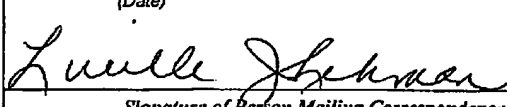
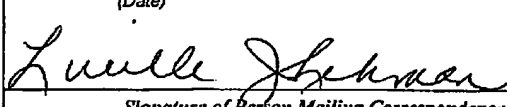
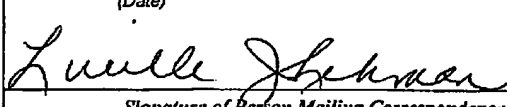


AUG 22 2006

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Yoneda et al.			Docket No. YKI-0133
Application No. 10/627,118	Filing Date July 24, 2003	Examiner Roy, Sikha	Group Art Unit 2879
Invention: ORGANIC EL PANEL AND MANUFACTURING METHOD THEREOF			
<p>I hereby certify that this <u>Amdt Trans (1 pg); Amdt (9 pp); RCE (1 pg)</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>1-571-273-8300</u>) on <u>August 22, 2006</u> (Date)</p> <p style="text-align: right;">Lucille J. Lehman (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

AUG 22 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. YKI-0133									
Applicant(s): Yoneda et al.														
Application No. 10/627,118	Filing Date July 24, 2003	Examiner Roy, Sikha	Customer No. 23413	Group Art Unit 2879	Confirmation No. 3918									
Invention: ORGANIC EL PANEL AND MANUFACTURING METHOD THEREOF														
COMMISSIONER FOR PATENTS:														
Transmitted herewith is an amendment in the above-identified application.														
The fee has been calculated and is transmitted as shown below.														
CLAIMS AS AMENDED														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	16 -	20 =	0	x \$50.00	\$0.00									
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
 Joel T. Charlton Registration No. 52,721 Cantor Colburn LLP Customer No. 23413 404-607-9991 (telephone) 404-607-9981 (facsimile)			Dated: August 22, 2006											
CC:			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td style="text-align: center;">(Date)</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">  Signature of Person Mailing Correspondence </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Lucille J. Lehman (via facsimile 8/22/2006) Typed or Printed Name of Person Mailing Correspondence </td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		 Signature of Person Mailing Correspondence		Lucille J. Lehman (via facsimile 8/22/2006) Typed or Printed Name of Person Mailing Correspondence	
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P11LARGE/REV10